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PART B - FEE(S) TRANSMITTAI

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Г	- APPLICATION NO.	FILING DATE	1	FIRST NAMED	INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.			
_	10/770,638	02/02/2004	J	L. Pernille	e Olesen		POULHI020	2706			
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this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement			Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s)		After Allowance communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information						
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I hereby certify that sufficient postage at the date shown belo	this correspondence is b	eing facsi	CATE OF TRANSMISSION mile transmitted to the USPTO or dressed to: Commissioner for Pat	deposi	ited with the United S	States Postal Service with ndria, VA 22313-1450 on					
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PTO/SB/17 (12-04v2)
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/770,638 Application Number FEE TRANSMIT Filing Date 02/02/2004 For FY 2005 First Named Inventor L. Pernille Olesen **Examiner Name** Howard J Locker Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1661 TOTAL AMOUNT OF PAYMENT 550 Poulhi020 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 501828 Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES** Small Entity **Small Entity** Small Entity Fees Paid (\$) Fee (\$) Fee (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) 300 200 Utility 150 500 100 250 200 130 Design 100 100 50 65 200 160 Plant 100 300 150 80 300 500 600 300 Reissue 150 250 Provisional 200 100 0 Small Entity 2. EXCESS CLAIM FEES Fee (\$) Fee Description Fee (\$) 50 25 Each claim over 20 (including Reissues) 200 100 Each independent claim over 3 (including Reissues) 180 360 Multiple dependent claims Multiple Dependent Claims **Total Claims** Extra Claims Fee Paid (\$) Fee (\$) Fee (\$) Fee Paid (\$) - 20 or HP = HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) _ - 3 or HP = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Extra Sheets Total Sheets (round up to a whole number) x / 50 = Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) \$550 Other (e.g., late filing surcharge): Issue Fee SUBMITTED BY Registration No. Telephone 541-245-8050 Signature (Attorney/Agent) Date 05/11/2005 Name (Print/Type) Deniese Dahl

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